mplete and mail this form, together with appropries fees, to:

Bey all able to pysics fee TRANSMITTAL appropries fees, to:

Box ISSUE FEE

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

B\$

(Depositor's name)

(Signature)

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

JUL 1 4 7000

LMC1/0411

JOSEPH S TRIPOLI
GE AND RCA LICENSING MANAGEMENT
OPERATION INC
TWO INDEPENDENCE WAY P 0 BOX
PRINCETON NJ 08543-5312

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

					7-10-6	(Date)
APPLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUI	P ART UNIT	DATE MAILED
09/057,649	04/09/98	024 K	OSTAK,	V	2711	04/11/00
First Named Applicant OZKAN.		35 USC	154 (b)	term ext.	= 0 Day	/5.
TILE OF NVENTION SYSTEM FOR FO FOR TERRESTRI	RMING AND F AL, CABLE O	ROCESSING P R SATELLITE	ROGRAM BROAD	MAP INFORMA CAST	TION SUITA	ABLE
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN, TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 RCA88915	348-465	.000 L03	UTIL	ITY NO	\$1210.00	07/11/00
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the name attorneys of the name of member a and the name of member and the name of				Ing on the patent front page, list less of up to 3 registered patent r agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) nes of up to 2 registered patent r agents. If no name is listed, no e printed. Joseph S. Tripoli Ronald H. Kurdylazz Alexander J. Burke		
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only ap the PTO or is being submitted under filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OF	e is identified to how, no asproplate, when a separate cover. Complete separate cover.	ાતા મહાર અલેકા , ંગિત ion of this form is NOT a s	the patent ubmitted to substitue for	4a. The following fees are of Patents and Trad The Following fees or de DEPOSIT ACCOUNT N (ENCLOSE AN EXTRA)	Copiesficiency in these fees	should be charged to:
Please check the appropriate assignee category indicated below (will not be printed on the patent) individual corporation or other private group entity government				Issue Fee Advance Order - # of Copies 10		
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.						
NOTE; The Issue Fee Will not be accept or agent; or the assignee or other party Trademark Office. Burden Hour Statement: This form depending on the needs of the indivit to complete this form should be sen Office, Washington, D.C. 20231. DO ADDRESS. SEND FEES AND THIS Patents, Washington D.C. 20231	ed from anyone other that in interest as shown by the is estimated to take 0.2 dual case. Any commer to the Chief Information NOT SEND FEES OR S FORM TO: Box Issue	(Date) 2 In the applicant; a registere e records of the Patent and thours to complete. Time its on the amount of time on Officer, Patent and T COMPLETED FORMS Fee, Assistant Commis	e will vary e required rademark TO THIS sioner for	07/17/2000 GTEFFER1	00000099 070832 8:88 EH	09057649
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection						

of information unless it displays a valid OMB control number.

06,11,00